



INSTRUCTIONS FOR FOLLOW-UP PHONE QUESTIONNAIRE FORM FUQ, VERSION 3.0, QUESTION BY QUESTION (QxQ)

I. GENERAL INSTRUCTIONS

The Follow-up Phone Questionnaire Form is interviewer administered and completed during the follow-up phone conversations with study participants.

Header Information: The header information consists of key fields which uniquely identify each recorded instance of a form. For the Event field, record if this is happening at Visit 5 or another event.

0a. Date of Collection: Record the date the data was collected or abstracted. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

0b. Staff Code: Record the SPIROMICS staff code of the person who collected or abstracted the data. This code is assigned to each person at each site by the GIC. If you do not have a staff code and are collecting SPIROMICS data, please contact the GIC in order to receive your own individual staff code.

II. DETAILED INSTRUCTIONS FOR EACH ITEM

Item 1. **Participant Status** Select only one option among the eight possible choices for how the subject's employment has changed since the last SPIROMICS visit.

- Select Contacted and alive if a member of the study staff was able to contact the participant and s/he is alive. [Go to Q2]
- Select Contacted and refused interview if a member of the study staff was able to contact the participant and s/he refused to be interviewed. [Go to 1d]
- Select Not contacted and reported alive if a member of the study staff was unable to contact the participant and s/he is reported to be alive. [Go to End]
- Select Not contacted and reported deceased if a member of the study staff was unable to contact the participant and s/he is reported to be deceased. [Go to 1a]
- Select Not contacted and left message if a member of the study staff was unable to contact the participant and left a message for the participant. [Go to End]
- Select Not contacted and unable to leave a message if a member of the study staff was unable to contact the participant and unable to leave a message for the participant. [Go to End]
- Select Not contacted, phone line disconnected if a member of the study staff was unable to contact the participant because the phone line is disconnected. [Go to End]

Item 1a. **Date of Death** Record the date the participant died. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

Item 1b. **City, state, and country death occurred** Record the city, state, and country where the death occurred in the space provided.

Item 1c. **Known hospitalization or emergency room visit** Select only one option among the two possible choices.

- Select No if the phone respondent did not know if the participant was hospitalized or visited an emergency room for any reason between the date of last contact and his/her death. [Go to End]
- Select Yes if the phone respondent did know if the participant was hospitalized or visited an emergency room for any reason between the date of last contact and his/her death. [Go to Q20a]

Item 1d. **Participant willing to be contacted** Select only one option among the four possible choices.

- Select No if the participant is not willing to be contacted regarding the in-person SPIROMICS II clinic visit. [Complete the RSW form]
- Select Yes, willing to be contacted if the participant is willing to be contacted regarding the in-person SPIROMICS II clinic visit.
- Select Yes, willing to be contacted and Clinic Visit 5 already scheduled if the participant is willing to be contacted regarding the in-person SPIROMICS II clinic visit and the study staff member scheduled the Clinic Visit 5.
- Select Not applicable if the participant has already complete Clinic Visit 5.

HOSPITALIZATIONS

Item 2. **Flare-up of chest trouble** Select only one option among the two possible choices.

- Select No if the subject reports not having a flare-up of chest trouble since his/her last clinic visit or telephone contact. [Go to 20]
- Select Yes if the subject reports having a flare-up of chest trouble since his/her last clinic visit or telephone contact.

Item 2a. **Number of flare ups** Record how many episodes of chest trouble flare-ups the subject reported having since his/her last clinic visit or telephone contact.

First Flare-up:

Item 3a. **Took additional antibiotics** Select only one option among the two possible choices.

- Select No if the subject reports not taking additional antibiotics after contacting his/her healthcare provider by telephone or email.
- Select Yes if the subject reports taking additional antibiotics after contacting his/her healthcare provider by telephone or email.

Item 3b. **Took additional oral steroids** Select only one option among the two possible choices.

- Select No if the subject reports not taking additional oral steroids after contacting his/her healthcare provider by telephone or email.
- Select Yes if the subject reports taking additional oral steroids after contacting his/her healthcare provider by telephone or email.

Item 3c. **Took additional antibiotics without contacting provider** Select only one option among the two possible choices.

- Select No if the subject reports not taking additional antibiotics without contacting his/her healthcare provider by telephone or email.
- Select Yes if the subject reports taking additional antibiotics without contacting his/her healthcare provider by telephone or email.

- Item 3d. **Took additional oral steroids** Select only one option among the two possible choices.
- Select No if the subject reports not taking additional oral steroids without contacting his/her healthcare provider by telephone or email.
 - Select Yes if the subject reports taking additional oral steroids without contacting his/her healthcare provider by telephone or email.
- Item 3e. **Physician's office or urgent care evaluation** Select only one option among the two possible choices.
- Select No if the subject reports not being evaluated in a physician's office or urgent care.
 - Select Yes if the subject reports being evaluated in a physician's office or urgent care.
- Items 3e1-4. **Physician's office or urgent care evaluation actions** Select all the options among the four possible choices based on what the subject reports regarding his/her visit to a physician's office or urgent care.
- Item 3f. **Emergency department evaluation** Select only one option among the two possible choices.
- Select No if the subject reports not being evaluated in an emergency department.
 - Select Yes if the subject reports being evaluated in an emergency department.
- Items 3f1-4. **Emergency department evaluation actions** Select all the options among the four possible choices based on what the subject reports regarding his/her visit to an emergency department.
- Item 3g. **Hospital admission** Select only one option among the two possible choices.
- Select No if the subject reports not being admitted to a hospital. [If a second episode occurred, go to 6. Otherwise, go to 20]
 - Select Yes if the subject reports being admitted to a hospital.
- Item 4a. **Date of Hospitalization** Record the date the participant was hospitalized. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the mm/dd/yyyy format.
- Item 4b. **Name of medical facility** Record the name of the medical facility where the participant was hospitalized in the space provided.
- Item 4c. **Address of medical facility** Record the address of the medical facility where the participant was hospitalized in the space provided.
- Item 4d1. **First name on patient record** Record the first name used for the hospital record for this visit in the space provided.
- Item 4d2. **Second name on patient record** Record the second name used for the hospital record for this visit in the space provided.
- Item 4d3. **Last name on patient record** Record the last name used for the hospital record for this visit in the space provided.
- Item 4d4. **Maternal last name on patient record** Record the maternal last name used for the hospital record for this visit in the space provided.
- Item 4e. **Time in ICU** Select only one option among the two possible choices.
- Select No if the subject reports not having spent any time in in the intensive care unit (ICU).
 - Select Yes if the subject reports being having spent any time in in the intensive care unit (ICU).

Item 4f. **Intubation** Select only one option among the two possible choices.

- Select No if the subject reports not having been intubated or placed on a breathing machine or ventilator through a tube in his/her mouth or nose.
- Select Yes if the subject reports being having been intubated or placed on a breathing machine or ventilator through a tube in his/her mouth or nose.

Note: Question 5 has been removed.

Second Flare-up:

Item 6a. **Took additional antibiotics** Select only one option among the two possible choices.

- Select No if the subject reports not taking additional antibiotics after contacting his/her healthcare provider by telephone or email.
- Select Yes if the subject reports taking additional antibiotics after contacting his/her healthcare provider by telephone or email.

Item 6b. **Took additional oral steroids** Select only one option among the two possible choices.

- Select No if the subject reports not taking additional oral steroids after contacting his/her healthcare provider by telephone or email.
- Select Yes if the subject reports taking additional oral steroids after contacting his/her healthcare provider by telephone or email.

Item 6c. **Took additional antibiotics without contacting provider** Select only one option among the two possible choices.

- Select No if the subject reports not taking additional antibiotics without contacting his/her healthcare provider by telephone or email.
- Select Yes if the subject reports taking additional antibiotics without contacting his/her healthcare provider by telephone or email.

Item 6d. **Took additional oral steroids** Select only one option among the two possible choices.

- Select No if the subject reports not taking additional oral steroids without contacting his/her healthcare provider by telephone or email.
- Select Yes if the subject reports taking additional oral steroids without contacting his/her healthcare provider by telephone or email.

Item 6e. **Physician's office or urgent care evaluation** Select only one option among the two possible choices.

- Select No if the subject reports not being evaluated in a physician's office or urgent care.
- Select Yes if the subject reports being evaluated in a physician's office or urgent care.

Items 6e1-4. **Physician's office or urgent care evaluation actions** Select all the options among the four possible choices based on what the subject reports regarding his/her visit to a physician's office or urgent care.

Item 6f. **Emergency department evaluation** Select only one option among the two possible choices.

- Select No if the subject reports not being evaluated in an emergency department.
- Select Yes if the subject reports being evaluated in an emergency department.

Items 6f1-4. **Emergency department evaluation actions** Select all the options among the four possible choices based on what the subject reports regarding his/her visit to an emergency department.

- Item 6g. **Hospital admission** Select only one option among the two possible choices.
- Select No if the subject reports not being admitted to a hospital. [If a third episode occurred, go to 9. Otherwise, go to 20]
 - Select Yes if the subject reports being admitted to a hospital.
- Item 7a. **Date of Hospitalization** Record the date the participant was hospitalized. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the mm/dd/yyyy format.
- Item 7b. **Name of medical facility** Record the name of the medical facility where the participant was hospitalized in the space provided.
- Item 7c. **Address of medical facility** Record the address of the medical facility where the participant was hospitalized in the space provided.
- Item 7d1. **First name on patient record** Record the first name used for the hospital record for this visit in the space provided.
- Item 7d2. **Second name on patient record** Record the second name used for the hospital record for this visit in the space provided.
- Item 7d3. **Last name on patient record** Record the last name used for the hospital record for this visit in the space provided.
- Item 7d4. **Maternal last name on patient record** Record the maternal last name used for the hospital record for this visit in the space provided.
- Item 7e. **Time in ICU** Select only one option among the two possible choices.
- Select No if the subject reports not having spent any time in in the intensive care unit (ICU).
 - Select Yes if the subject reports being having spent any time in in the intensive care unit (ICU).
- Item 7f. **Intubation** Select only one option among the two possible choices.
- Select No if the subject reports not having been intubated or placed on a breathing machine or ventilator through a tube in his/her mouth or nose.
 - Select Yes if the subject reports being having been intubated or placed on a breathing machine or ventilator through a tube in his/her mouth or nose.

Note: Question 8 has been removed.

Third Flare-up:

- Item 9a. **Took additional antibiotics** Select only one option among the two possible choices.
- Select No if the subject reports not taking additional antibiotics after contacting his/her healthcare provider by telephone or email.
 - Select Yes if the subject reports taking additional antibiotics after contacting his/her healthcare provider by telephone or email.
- Item 9b. **Took additional oral steroids** Select only one option among the two possible choices.
- Select No if the subject reports not taking additional oral steroids after contacting his/her healthcare provider by telephone or email.
 - Select Yes if the subject reports taking additional oral steroids after contacting his/her healthcare provider by telephone or email.

Item 9c. **Took additional antibiotics without contacting provider** Select only one option among the two possible choices.

- Select No if the subject reports not taking additional antibiotics without contacting his/her healthcare provider by telephone or email.
- Select Yes if the subject reports taking additional antibiotics without contacting his/her healthcare provider by telephone or email.

Item 9d. **Took additional oral steroids** Select only one option among the two possible choices.

- Select No if the subject reports not taking additional oral steroids without contacting his/her healthcare provider by telephone or email.
- Select Yes if the subject reports taking additional oral steroids without contacting his/her healthcare provider by telephone or email.

Item 9e. **Physician's office or urgent care evaluation** Select only one option among the two possible choices.

- Select No if the subject reports not being evaluated in a physician's office or urgent care.
- Select Yes if the subject reports being evaluated in a physician's office or urgent care.

Items 9e1-4. **Physician's office or urgent care evaluation actions** Select all the options among the four possible choices based on what the subject reports regarding his/her visit to a physician's office or urgent care.

Item 9f. **Emergency department evaluation** Select only one option among the two possible choices.

- Select No if the subject reports not being evaluated in an emergency department.
- Select Yes if the subject reports being evaluated in an emergency department.

Items 9f1-4. **Emergency department evaluation actions** Select all the options among the four possible choices based on what the subject reports regarding his/her visit to an emergency department.

Item 9g. **Hospital admission** Select only one option among the two possible choices.

- Select No if the subject reports not being admitted to a hospital. [If a third episode occurred, go to 9. Otherwise, go to 20]
- Select Yes if the subject reports being admitted to a hospital.

Item 10a. **Date of Hospitalization** Record the date the participant was hospitalized. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

Item 10b. **Name of medical facility** Record the name of the medical facility where the participant was hospitalized in the space provided.

Item 10c. **Address of medical facility** Record the address of the medical facility where the participant was hospitalized in the space provided.

Item 10d1. **First name on patient record** Record the first name used for the hospital record for this visit in the space provided.

Item 10d2. **Second name on patient record** Record the second name used for the hospital record for this visit in the space provided.

Item 10d3. **Last name on patient record** Record the last name used for the hospital record for this visit in the space provided.

Item 10d4. **Maternal last name on patient record** Record the maternal last name used for the hospital record for this visit in the space provided.

Item 10e. **Time in ICU** Select only one option among the two possible choices.

- Select No if the subject reports not having spent any time in in the intensive care unit (ICU).
- Select Yes if the subject reports being having spent any time in in the intensive care unit (ICU).

Item 10f. **Intubation** Select only one option among the two possible choices.

- Select No if the subject reports not having been intubated or placed on a breathing machine or ventilator through a tube in his/her mouth or nose.
- Select Yes if the subject reports being having been intubated or placed on a breathing machine or ventilator through a tube in his/her mouth or nose.

Note: Question 11 has been removed.

Fourth Flare-up:

Item 12a. **Took additional antibiotics** Select only one option among the two possible choices.

- Select No if the subject reports not taking additional antibiotics after contacting his/her healthcare provider by telephone or email.
- Select Yes if the subject reports taking additional antibiotics after contacting his/her healthcare provider by telephone or email.

Item 12b. **Took additional oral steroids** Select only one option among the two possible choices.

- Select No if the subject reports not taking additional oral steroids after contacting his/her healthcare provider by telephone or email.
- Select Yes if the subject reports taking additional oral steroids after contacting his/her healthcare provider by telephone or email.

Item 12c. **Took additional antibiotics without contacting provider** Select only one option among the two possible choices.

- Select No if the subject reports not taking additional antibiotics without contacting his/her healthcare provider by telephone or email.
- Select Yes if the subject reports taking additional antibiotics without contacting his/her healthcare provider by telephone or email.

Item 12d. **Took additional oral steroids** Select only one option among the two possible choices.

- Select No if the subject reports not taking additional oral steroids without contacting his/her healthcare provider by telephone or email.
- Select Yes if the subject reports taking additional oral steroids without contacting his/her healthcare provider by telephone or email.

Item 12e. **Physician's office or urgent care evaluation** Select only one option among the two possible choices.

- Select No if the subject reports not being evaluated in a physician's office or urgent care.
- Select Yes if the subject reports being evaluated in a physician's office or urgent care.

Items 12e1-4. **Physician's office or urgent care evaluation actions** Select all the options among the four possible choices based on what the subject reports regarding his/her visit to a physician's office or urgent care.

Item 12f. **Emergency department evaluation** Select only one option among the two possible choices.

- Select No if the subject reports not being evaluated in an emergency department.
- Select Yes if the subject reports being evaluated in an emergency department.

Items 12f1-4. **Emergency department evaluation actions** Select all the options among the four possible choices based on what the subject reports regarding his/her visit to an emergency department.

Item 12g. **Hospital admission** Select only one option among the two possible choices.

- Select No if the subject reports not being admitted to a hospital. [If a third episode occurred, go to 9. Otherwise, go to 20]
- Select Yes if the subject reports being admitted to a hospital.

Item 13a. **Date of Hospitalization** Record the date the participant was hospitalized. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

Item 13b. **Name of medical facility** Record the name of the medical facility where the participant was hospitalized in the space provided.

Item 13c. **Address of medical facility** Record the address of the medical facility where the participant was hospitalized in the space provided.

Item 13d1. **First name on patient record** Record the first name used for the hospital record for this visit in the space provided.

Item 13d2. **Second name on patient record** Record the second name used for the hospital record for this visit in the space provided.

Item 13d3. **Last name on patient record** Record the last name used for the hospital record for this visit in the space provided.

Item 13d4. **Maternal last name on patient record** Record the maternal last name used for the hospital record for this visit in the space provided.

Item 13e. **Time in ICU** Select only one option among the two possible choices.

- Select No if the subject reports not having spent any time in in the intensive care unit (ICU).
- Select Yes if the subject reports being having spent any time in in the intensive care unit (ICU).

Item 13f. **Intubation** Select only one option among the two possible choices.

- Select No if the subject reports not having been intubated or placed on a breathing machine or ventilator through a tube in his/her mouth or nose.
- Select Yes if the subject reports being having been intubated or placed on a breathing machine or ventilator through a tube in his/her mouth or nose.

Note: Question 14 has been removed.

Fifth Flare-up:

Item 15a. **Took additional antibiotics** Select only one option among the two possible choices.

- Select No if the subject reports not taking additional antibiotics after contacting his/her healthcare provider by telephone or email.
- Select Yes if the subject reports taking additional antibiotics after contacting his/her healthcare provider by telephone or email.

Item 15b. **Took additional oral steroids** Select only one option among the two possible choices.

- Select No if the subject reports not taking additional oral steroids after contacting his/her healthcare provider by telephone or email.
- Select Yes if the subject reports taking additional oral steroids after contacting his/her healthcare provider by telephone or email.

Item 15c. **Took additional antibiotics without contacting provider** Select only one option among the two possible choices.

- Select No if the subject reports not taking additional antibiotics without contacting his/her healthcare provider by telephone or email.
- Select Yes if the subject reports taking additional antibiotics without contacting his/her healthcare provider by telephone or email.

Item 15d. **Took additional oral steroids** Select only one option among the two possible choices.

- Select No if the subject reports not taking additional oral steroids without contacting his/her healthcare provider by telephone or email.
- Select Yes if the subject reports taking additional oral steroids without contacting his/her healthcare provider by telephone or email.

Item 15e. **Physician's office or urgent care evaluation** Select only one option among the two possible choices.

- Select No if the subject reports not being evaluated in a physician's office or urgent care.
- Select Yes if the subject reports being evaluated in a physician's office or urgent care.

Items 15e1-4. **Physician's office or urgent care evaluation actions** Select all the options among the four possible choices based on what the subject reports regarding his/her visit to a physician's office or urgent care.

Item 15f. **Emergency department evaluation** Select only one option among the two possible choices.

- Select No if the subject reports not being evaluated in an emergency department.
- Select Yes if the subject reports being evaluated in an emergency department.

Items 15f1-4. **Emergency department evaluation actions** Select all the options among the four possible choices based on what the subject reports regarding his/her visit to an emergency department.

Item 15g. **Hospital admission** Select only one option among the two possible choices.

- Select No if the subject reports not being admitted to a hospital. [If a third episode occurred, go to 9. Otherwise, go to 20]
- Select Yes if the subject reports being admitted to a hospital.

Item 16a. **Date of Hospitalization** Record the date the participant was hospitalized. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

Item 16b. **Name of medical facility** Record the name of the medical facility where the participant was hospitalized in the space provided.

Item 16c. **Address of medical facility** Record the address of the medical facility where the participant was hospitalized in the space provided.

Item 16d1. **First name on patient record** Record the first name used for the hospital record for this visit in the space provided.

Item 16d2. **Second name on patient record** Record the second name used for the hospital record for this visit in the space provided.

Item 16d3. **Last name on patient record** Record the last name used for the hospital record for this visit in the space provided.

Item 16d4. **Maternal last name on patient record** Record the maternal last name used for the hospital record for this visit in the space provided.

Item 16e. **Time in ICU** Select only one option among the two possible choices.

- Select No if the subject reports not having spent any time in in the intensive care unit (ICU).
- Select Yes if the subject reports being having spent any time in in the intensive care unit (ICU).

Item 16f. **Intubation** Select only one option among the two possible choices.

- Select No if the subject reports not having been intubated or placed on a breathing machine or ventilator through a tube in his/her mouth or nose.
- Select Yes if the subject reports being having been intubated or placed on a breathing machine or ventilator through a tube in his/her mouth or nose.

Note: Question 17 has been removed.

Sixth Flare-up:

Item 18a. **Took additional antibiotics** Select only one option among the two possible choices.

- Select No if the subject reports not taking additional antibiotics after contacting his/her healthcare provider by telephone or email.
- Select Yes if the subject reports taking additional antibiotics after contacting his/her healthcare provider by telephone or email.

Item 18b. **Took additional oral steroids** Select only one option among the two possible choices.

- Select No if the subject reports not taking additional oral steroids after contacting his/her healthcare provider by telephone or email.
- Select Yes if the subject reports taking additional oral steroids after contacting his/her healthcare provider by telephone or email.

Item 18c. **Took additional antibiotics without contacting provider** Select only one option among the two possible choices.

- Select No if the subject reports not taking additional antibiotics without contacting his/her healthcare provider by telephone or email.
- Select Yes if the subject reports taking additional antibiotics without contacting his/her healthcare provider by telephone or email.

Item 18d. **Took additional oral steroids** Select only one option among the two possible choices.

- Select No if the subject reports not taking additional oral steroids without contacting his/her healthcare provider by telephone or email.
- Select Yes if the subject reports taking additional oral steroids without contacting his/her healthcare provider by telephone or email.

- Item 18e. **Physician's office or urgent care evaluation** Select only one option among the two possible choices.
- Select No if the subject reports not being evaluated in a physician's office or urgent care.
 - Select Yes if the subject reports being evaluated in a physician's office or urgent care.
- Items 18e1-4. **Physician's office or urgent care evaluation actions** Select all the options among the four possible choices based on what the subject reports regarding his/her visit to a physician's office or urgent care.
- Item 18f. **Emergency department evaluation** Select only one option among the two possible choices.
- Select No if the subject reports not being evaluated in an emergency department.
 - Select Yes if the subject reports being evaluated in an emergency department.
- Items 18f1-4. **Emergency department evaluation actions** Select all the options among the four possible choices based on what the subject reports regarding his/her visit to an emergency department.
- Item 18g. **Hospital admission** Select only one option among the two possible choices.
- Select No if the subject reports not being admitted to a hospital. [If a third episode occurred, go to 9. Otherwise, go to 20]
 - Select Yes if the subject reports being admitted to a hospital.
- Item 19a. **Date of Hospitalization** Record the date the participant was hospitalized. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the mm/dd/yyyy format.
- Item 19b. **Name of medical facility** Record the name of the medical facility where the participant was hospitalized in the space provided.
- Item 19c. **Address of medical facility** Record the address of the medical facility where the participant was hospitalized in the space provided.
- Item 19d1. **First name on patient record** Record the first name used for the hospital record for this visit in the space provided.
- Item 19d2. **Second name on patient record** Record the second name used for the hospital record for this visit in the space provided.
- Item 19d3. **Last name on patient record** Record the last name used for the hospital record for this visit in the space provided.
- Item 19d4. **Maternal last name on patient record** Record the maternal last name used for the hospital record for this visit in the space provided.
- Item 19e. **Time in ICU** Select only one option among the two possible choices.
- Select No if the subject reports not having spent any time in in the intensive care unit (ICU).
 - Select Yes if the subject reports being having spent any time in in the intensive care unit (ICU).
- Item 19f. **Intubation** Select only one option among the two possible choices.
- Select No if the subject reports not having been intubated or placed on a breathing machine or ventilator through a tube in his/her mouth or nose.
 - Select Yes if the subject reports being having been intubated or placed on a breathing machine or ventilator through a tube in his/her mouth or nose.

Item 20. **Hospital admission** Select only one option among the three possible choices.

- Select No if the subject reports not having been admitted to a hospital since his/her last clinic visit or telephone contact. [Go to 27]
- Select Yes if the subject reports having a flare-up of chest trouble since his/her last clinic visit or telephone contact.
- Select Unsure if the subject reports being unsure about being admitted to a hospital since his/her last clinic visit or telephone contact. [Go to 27]

Item 20a. **Number of hospital admissions** Record how many hospital admissions the subject reported having since his/her last clinic visit or telephone contact.

First Hospitalization:

Item 21a. **Date of First Hospitalization** Record the date the participant was first hospitalized. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

Item 21b. **Name of medical facility** Record the name of the medical facility where the participant was first hospitalized in the space provided.

Item 21c. **Address of medical facility** Record the address of the medical facility where the participant was first hospitalized in the space provided.

Item 21d1. **First name on patient record** Record the first name used for the hospital record for this first hospitalization in the space provided.

Item 21d2. **Second name on patient record** Record the second name used for the hospital record for this first hospitalization in the space provided.

Item 21d3. **Last name on patient record** Record the last name used for the hospital record for this first hospitalization in the space provided.

Item 21d4. **Maternal last name on patient record** Record the maternal last name used for the hospital record for this first hospitalization in the space provided.

**Note: If participant is alive and had only 1 hospitalization since (last visit date) [Go to 27]
If participant is deceased and had only 1 hospitalization since (last visit date) [Go to End]**

Second Hospitalization:

Item 22a. **Date of Second Hospitalization** Record the date of the participant's second hospitalization. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

Item 22b. **Name of medical facility** Record the name of the medical facility of the participant's second hospitalization in the space provided.

Item 22c. **Address of medical facility** Record the address of the medical facility of the participant's second hospitalization in the space provided.

Item 22d1. **First name on patient record** Record the first name used for the hospital record for this second hospitalization in the space provided.

Item 22d2. **Second name on patient record** Record the second name used for the hospital record for this second hospitalization in the space provided.

Item 22d3. **Last name on patient record** Record the last name used for the hospital record for this second hospitalization in the space provided.

Item 22d4. **Maternal last name on patient record** Record the maternal last name used for the hospital record for this second hospitalization in the space provided.

**Note: If participant is alive and had only 2 hospitalizations since (last visit date) [Go to 27]
If participant is deceased and had only 2 hospitalizations since (last visit date) [Go to End]**

Third Hospitalization:

Item 23a. **Date of Third Hospitalization** Record the date of the participant's third hospitalization. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

Item 23b. **Name of medical facility** Record the name of the medical facility of the participant's third hospitalization in the space provided.

Item 23c. **Address of medical facility** Record the address of the medical facility of the participant's third hospitalization in the space provided.

Item 23d1. **First name on patient record** Record the first name used for the hospital record for this third hospitalization in the space provided.

Item 23d2. **Second name on patient record** Record the second name used for the hospital record for this third hospitalization in the space provided.

Item 23d3. **Last name on patient record** Record the last name used for the hospital record for this third hospitalization in the space provided.

Item 23d4. **Maternal last name on patient record** Record the maternal last name used for the hospital record for this third hospitalization in the space provided.

**Note: If participant is alive and had only 3 hospitalizations since (last visit date) [Go to 27]
If participant is deceased and had only 3 hospitalizations since (last visit date) [Go to End]**

Fourth Hospitalization:

Item 24a. **Date of Fourth Hospitalization** Record the date of the participant's fourth hospitalization. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

Item 24b. **Name of medical facility** Record the name of the medical facility of the participant's fourth hospitalization in the space provided.

Item 24c. **Address of medical facility** Record the address of the medical facility of the participant's fourth hospitalization in the space provided.

Item 24d1. **First name on patient record** Record the first name used for the hospital record for this fourth hospitalization in the space provided.

Item 24d2. **Second name on patient record** Record the second name used for the hospital record for this fourth hospitalization in the space provided.

Item 24d3. **Last name on patient record** Record the last name used for the hospital record for this fourth hospitalization in the space provided.

Item 24d4. **Maternal last name on patient record** Record the maternal last name used for the hospital record for this fourth hospitalization in the space provided.

**Note: If participant is alive and had only 4 hospitalizations since (last visit date) [Go to 27]
If participant is deceased and had only 4 hospitalizations since (last visit date) [Go to End]**

Fifth Hospitalization:

Item 25a. **Date of Fifth Hospitalization** Record the date of the participant's fifth hospitalization. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

Item 25b. **Name of medical facility** Record the name of the medical facility of the participant's fifth hospitalization in the space provided.

Item 25c. **Address of medical facility** Record the address of the medical facility of the participant's fifth hospitalization in the space provided.

Item 25d1. **First name on patient record** Record the first name used for the hospital record for this fifth hospitalization in the space provided.

Item 25d2. **Second name on patient record** Record the second name used for the hospital record for this fifth hospitalization in the space provided.

Item 25d3. **Last name on patient record** Record the last name used for the hospital record for this fifth hospitalization in the space provided.

Item 25d4. **Maternal last name on patient record** Record the maternal last name used for the hospital record for this fifth hospitalization in the space provided.

**Note: If participant is alive and had only 5 hospitalizations since (last visit date) [Go to 27]
If participant is deceased and had only 6 hospitalizations since (last visit date) [Go to End]**

Sixth Hospitalization:

Item 26a. **Date of Sixth Hospitalization** Record the date of the participant's sixth hospitalization. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

Item 26b. **Name of medical facility** Record the name of the medical facility of the participant's sixth hospitalization in the space provided.

Item 26c. **Address of medical facility** Record the address of the medical facility of the participant's sixth hospitalization in the space provided.

Item 26d1. **First name on patient record** Record the first name used for the hospital record for this sixth hospitalization in the space provided.

Item 26d2. **Second name on patient record** Record the second name used for the hospital record for this sixth hospitalization in the space provided.

Item 26d3. **Last name on patient record** Record the last name used for the hospital record for this sixth hospitalization in the space provided.

Item 26d4. **Maternal last name on patient record** Record the maternal last name used for the hospital record for this sixth hospitalization in the space provided.

**Note: If participant is alive. [Go to 27]
If participant is deceased. [Go to End]**

Item 27. **Current oxygen use** Select only one option among the two possible choices.

- Select No if the subject reports not currently using oxygen. [Go to 28]
- Select Yes if the subject reports not currently using oxygen.

Item 27a. **Current oxygen use start** Select only one option among the two possible choices.

- Select No if the subject reports that his/her oxygen use did not begin since his/her last center visit or telephone contact.
- Select Yes if the subject reports that his/her oxygen use did begin since his/her last center visit or telephone contact.

Item 28. **Lung transplant or resection** Select only one option among the two possible choices.

- Select No if the subject reports not being listed for or received a lung transplant or resection.
- Select Yes if the subject reports being listed for or received a lung transplant or resection.

Note: Question 29 has been removed.

Item 30. **Bronchoscopy** Select only one option among the two possible choices.

- Select No if the subject reports not having had a procedure involving insertion of a camera into the lung (bronchoscopy). [Go to 32]
- Select Yes if the subject reports having had a procedure involving insertion of a camera into the lung (bronchoscopy).

Item 31a. **Bronchoscopy check for infection** Select only one option among the three possible choices.

- Select No if the subject reports not having had a procedure to check for infection when the bronchoscopy was performed.
- Select Yes if the subject reports having had a procedure to check for infection when the bronchoscopy was performed.
- Select Don't know if the subject does not know when s/he had a procedure to check for infection when the bronchoscopy was performed.

Item 31b. **Node/mass biopsy** Select only one option among the three possible choices.

- Select No if the subject reports not having had a node/mass biopsy when the bronchoscopy was performed.
- Select Yes if the subject reports having had a node/mass biopsy when the bronchoscopy was performed.
- Select Don't know if the subject does not know when s/he had a node/mass biopsy when the bronchoscopy was performed.

Item 31c. **Coil and/or valve** Select only one option among the three possible choices.

- Select No if the subject reports not having a coil and/or valve placed when the bronchoscopy was performed.
- Select Yes if the subject reports having a coil and/or valve placed when the bronchoscopy was performed.
- Select Don't know if the subject does not know when s/he had a coil and/or valve placed when the bronchoscopy was performed.

Item 31d. **Other procedure** Select only one option among the three possible choices.

- Select No if the subject reports not having any other procedure when the bronchoscopy was performed.
- Select Yes if the subject reports having any other procedure when the bronchoscopy was performed.
- Select Don't know if the subject does not know when s/he had any other procedure when the bronchoscopy was performed.

Item 32. **Currently smoking cigarettes** Select only one option among the two possible choices.

- Select No if the subject reports not currently smoking cigarettes.
- Select Yes if the subject reports currently smoking cigarettes.

Item 33. **Diagnosed with other medical problem** Select only one option among the two possible choices.

- Select No if the subject reports not having been diagnosed with other medical problem by a doctor or health care provider since his/her last center visit or telephone contact.
- Select Yes if the subject reports having been diagnosed with other medical problem by a doctor or health care provider since his/her last center visit or telephone contact.

Item 34a. **Lung cancer** Select only one option among the two possible choices.

- Select No if the subject reports not having been diagnosed with lung cancer.
- Select Yes if the subject reports having been diagnosed with lung cancer.

Item 34b. **Other type of cancer** Select only one option among the two possible choices.

- Select No if the subject reports not having been diagnosed with another type of cancer.
- Select Yes if the subject reports having been diagnosed with another type of cancer.

Item 34b1. **Specify other type of cancer** Specify the other type of cancer in the space provided.

Item 34c. **Diabetes** Select only one option among the two possible choices.

- Select No if the subject reports not having been diagnosed with diabetes.
- Select Yes if the subject reports having been diagnosed with diabetes.

Item 34d. **Blood clots** Select only one option among the two possible choices.

- Select No if the subject reports not having been diagnosed with blood clots.
- Select Yes if the subject reports having been diagnosed with blood clots.

Note: Questions 34e and 34f has been removed.

Item 34g. **Heart attack or myocardial infarction** Select only one option among the two possible choices.

- Select No if the subject reports not having been diagnosed with a heart attack or myocardial infarction.
- Select Yes if the subject reports having been diagnosed with heart attack or myocardial infarction.

Item 34h. **Stroke** Select only one option among the two possible choices.

- Select No if the subject reports not having been diagnosed with stroke.
- Select Yes if the subject reports having been diagnosed with stroke.

Item 34i. **Coronary artery disease (atherosclerosis)** Select only one option among the two possible choices.

- Select No if the subject reports not having been diagnosed with coronary artery disease (atherosclerosis).
- Select Yes if the subject reports having been diagnosed with coronary artery disease (atherosclerosis).

Item 34j. **Congestive heart failure or heart failure** Select only one option among the two possible choices.

- Select No if the subject reports not having been diagnosed with congestive heart failure or heart failure.
- Select Yes if the subject reports having been diagnosed with congestive heart failure or heart failure.

Item 34k. **Bypass or coronary bypass surgery, or stents to coronary arteries** Select only one option among the two possible choices.

- Select No if the subject reports not having been diagnosed with needing bypass or coronary bypass surgery, or stents to coronary arteries.
- Select Yes if the subject reports having been diagnosed with needing bypass or coronary bypass surgery, or stents to coronary arteries.

Item 35. **Change in home address, primary phone number, or email address** Select only one option among the three possible choices.

- Select No if the subject reports not having changed his/her home address, primary phone number, or email address since his/her last center visit or telephone contact. [Go to Q44]
- Select Yes if the subject reports having changed his/her home address, primary phone number, or email address since his/her last center visit or telephone contact.
- Select Refused to provide if the subject refuses to provide his/her home address primary phone number, or email address. [Go to Q44]

Item 36. **Change in home address** Select only one option among the three possible choices.

- Select No if the subject reports not having changed his/her home address since his/her last center visit or telephone contact.
- Select Yes if the subject reports having changed his/her home address since his/her last center visit or telephone contact. [Go to CIF to enter change]
- Select Refused to provide if the subject refuses to provide his/her home address. [Go to Q44]

Item 37. **Change in primary phone number** Select only one option among the three possible choices.

- Select No if the subject reports not having changed his/ primary phone number since his/her last center visit or telephone contact.
- Select Yes if the subject reports having changed his/her primary phone number since his/her last center visit or telephone contact. [Go to CIF to enter change]
- Select Refused to provide if the subject refuses to provide his/her primary phone number since his/her last center visit or telephone contact.

Note: Questions 38-41 has been removed.

Item 42. **Change in email address** Select only one option among the three possible choices.

- Select No if the subject reports not having changed his/her email address since his/her last center visit or telephone contact.
- Select Yes if the subject reports having changed his/her email address since his/her last center visit or telephone contact. [Go to CIF to enter change]
- Select Refused to provide if the subject refuses to provide his/her email address.

Note: Question 43 has been removed.

Item 44. **Change in contacts** Select only one option among the three possible choices.

- Select No if the subject reports not having changed his/her contacts since his/her last center visit or telephone contact.
- Select Yes if the subject reports having changed his/her contacts since his/her last center visit or telephone contact. [Go to CIF to enter change]
- Select Prefer not to give contacts if the subject prefers not provide his/her contacts address.

Item 44a. **Other research study or clinical trial** Select only one option among the three possible choices.

- Select No if the subject reports not being in another research study or clinical trial. [Go to End]
- Select Yes if the subject reports being in another research study or clinical trial.
- Select Don't know if the subject does not know whether s/he is in another research study or clinical trial. [Go to End]

Items 44b1-4. **Identify other research study or clinical trial** Select all options among the four possible choices for the other research study or clinical trials the subject is participating in.

- Select Footprint and alive if a member of the subject reports participating in the Footprint study.
- Select Novelty and alive if a member of the subject reports participating in the Novelty study.
- Select Rethinc and alive if a member of the subject reports participating in the Rethinc study.
- Select Other and alive if a member of the subject reports participating in the Other study.

Item 44b4a. **Specify other** Specify the name of the other research study or clinical trial the subject reports participating in the space provided.

Save and close the form.